LONG BEACH HEALTH & HUMAN SERVICES
Department of Health & Human Services
2525 Grand Ave, Long Beach, CA 90815
562.570.4302

Coronavirus (COVID-19) Death Report Form

Required Information

DATE OF REPORT		VCMR# (internal use only)	

REPORTING FACILITY INFORMATION

PROVIDER NAME (Last, First, MI)	
FACILITY NAME	
PROVIDER PHONE NUMBER	
PROVIDER EMAIL ADDRESS	
LAB-CONFIRMED CASE OR PUI?	☐ LAB-CONFIRMED CASE ☐ PUI (Person Under Investigation)

PATIENT INFORMATION

NAME (Last, First, MI)	
DATE OF BIRTH	
GENDER	☐ Male ☐ Female ☐ Other: _____
NAME OF HOSPITAL (if different from reporting facility name above)	
MEDICAL RECORD NUMBER	
DATE OF ADMISSION	
WAS PATIENT IN ICU (Y/N)?	◯ Yes ◉ No
If yes, date of ICU Admission	
WAS PATIENT INTUBATED (Y/N)?	◯ Yes ◉ No
If yes, date of intubation	
Date of extubation (if applicable)	
CO-MORBIDITIES?	
ANY OTHER VIRUSES +	
DATE OF DEATH	
RACE/ETHNICITY	☐ Hispanic or Latino ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Unknown ☐ White

TREATMENT INFORMATION

Tx: Remdesivir (Y/N)	◯ Yes ◯ No	Tx: Tocizilumab(Y/N)	◯ Yes ◯ No
Tx: Hydroxychoroquine(Y/N)	◯ Yes ◯ No	Tx: Steroids (Y/N)	◯ Yes ◯ No

ADDITIONAL NOTES

Send this completed form to the Communicable Disease Control Program within 24 hours of death: Fax to 562.570.4374 or Secure Email to LBEpi@longbeach.gov